PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTION This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where the property of the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
			pa	pers. Each additiona	l paper, such as an assignment	ent or formal drawing, mu	
39620	7590 08/10	0/2006	116				
· MYRL J. SAA			Į h	ereby certify that th	tificate of Mailing or Trans is Fee(s) Transmittal is being	smission g deposited with the Unite	
	ASHINGTON STRI	EET	· Sta	ites Postal Service wi dressed to the Mail	is Fee(s) Transmittal is being with sufficient postage for fir Stop ISSUE FEE address TO (571) 273-2885, on the d	st class mail in an enveloge above, or being facsimit	
CARSON CITY	', NV 89703		tra	nsmitted to the USP	TO (571) 273-2885, on the d	late indicated below.	
7/2006 CNGUYEN3 000	100020 10810862					(Depositor's nam	
:2501	700.00	1 -	Γ			(Signatur	
C:1504	300.00	UP				(Dat	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/810,865	03/29/2004		Myrl J. Saarem			9865	
TITLE OF INVENTION		OUDLING	wiyir 3. Baarem			3003	
	F	T	I	T	T		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE.	PUBLICATION FEE DUE			L	
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/13/2006	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	J			
DUNWOOD	Y, AARON M	3679	285-419000				
1. Change of correspond CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the		•		
	oondence address (or Cha B/122) attached.	inge of Correspondence	(1) the names of up to or agents OR, alternate	o 3 registered paten		-	
			(2) the name of a sing	gle firm (having as a	member a 2		
PTO/SB/47; Rev 03-0	lication (or "Fee Address)2 or more recent) attach	ned. Use of a Customer	registered attorney or 2 registered patent att	orneys or agents. If	no name is 3		
Number is required.	•		listed, no name will b	e printed.			
Number is required.		A TO BE PRINTED ON	THE PATENT (print or ty	e printed.			
Number is required. 3 ASSIGNEE NAME A	ND RESIDENCE DATA		THE PATENT (print or ty	printed. pe)	ee is identified below, the d		
Number is required. 3 ASSIGNEE NAME A	ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Com		THE PATENT (print or ty	patent. If an assign	ee is identified below, the d		
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort	ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Com		THE PATENT (print or ty data will appear on the T a substitute for filing at	patent. If an assign	ee is identified below, the d		
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNAME OF ASSI	ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Com GNEE	ified below, no assignee pletion of this form is NO	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT	e printed. //pe) patent. If an assignment. Y and STATE OR C	ee is identified below, the d	ocument has been filed	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNAME OF ASSI	ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE	ified below, no assignee pletion of this form is NO	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent):	e printed. //pe) patent. If an assignment. Y and STATE OR C	ee is identified below, the decountry)	ocument has been filed	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNAME Please check the appropr 4a. The following fee(s)	ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE	ified below, no assignee pletion of this form is NO	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent):	e printed. //pe) patent. If an assignment. Y and STATE OR C	ee is identified below, the d	ocument has been filed	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATION Please check the appropr 4a. The following fee(s) Signature See 1.	IND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE riate assignee category or are submitted:	ified below, no assignee pletion of this form is NO categories (will not be p	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent):	e printed. //pe) patent. If an assignment. Y and STATE OR C Individual Cc case first reapply an	ee is identified below, the decountry) orporation or other private group previously paid issue fee	ocument has been filed	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATION Please check the appropr 4a. The following fee(s) Signature See 1.	IND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE riate assignee category or are submitted:	ified below, no assignee pletion of this form is NO categories (will not be p	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent): b. Payment of Fee(s): (Ple A check is enclosed.	e printed. //Pe) patent. If an assignment. Y and STATE OR C Individual Cc case first reapply and ard. Form PTO-2038 by authorized to char	ce is identified below, the decountry) orporation or other private group previously paid issue fee is attached. ge the required fee(s), any de	ocument has been filed oup entity Government shown above)	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATION Please check the appropr 4a. The following fee(s) State Fee Publication Fee (Note of the content	IND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE riate assignee category or are submitted: No small entity discount p # of Copies tus (from status indicate	ified below, no assignee pletion of this form is NO categories (will not be propermitted)	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent): b. Payment of Fee(s): (Ple A check is enclosed. Payment by credit can be determined by the payment, to Dep	e printed. //pe) patent. If an assignment. Y and STATE OR C Individual Co case first reapply are ard. Form PTO-2038 by authorized to char osit Account Number	ee is identified below, the decountry) orporation or other private group previously paid issue fee is attached. ge the required fee(s), any decr(enclose a	ocument has been filed oup entity Government shown above) efficiency, or credit any n extra copy of this form	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATE Please check the approprious of the set o	IND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE iate assignee category of are submitted: No small entity discount p # of Copies tus (from status indicate as SMALL ENTITY status	categories (will not be poermitted) d above) us. See 37 CFR 1.27.	THE PATENT (print or ty data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent): b. Payment of Fee(s): (Ple A check is enclosed. Payment by credit ca The Director is hered overpayment, to Dep	e printed. //pe) patent. If an assignment. Y and STATE OR C Individual Co case first reapply and ard. Form PTO-2038 by authorized to charosit Account Number	ee is identified below, the decountry) orporation or other private group previously paid issue fee is attached. ge the required fee(s), any decrement of the control of t	ocument has been filed oup entity Government shown above) efficiency, or credit any n extra copy of this form FR 1.27(g)(2).	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATION Please check the appropr 4a. The following fee(s) Solution Fee Publication Fee (Normalized Advance Order - 1) 5. Change in Entity Sta Do a. Applicant claim	in the status indicate is SMALL ENTITY status in Indicate in SMALL ENTITY status in No. 100 in No.	categories (will not be poermitted) d above) us. See 37 CFR 1.27.	THE PATENT (print or ty data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent): b. Payment of Fee(s): (Ple A check is enclosed. Payment by credit c: The Director is heretoverpayment, to Dep b. Applicant is no look from anyone other than	e printed. //pe) patent. If an assignment. Y and STATE OR C Individual Co case first reapply and ard. Form PTO-2038 by authorized to charosit Account Number	ee is identified below, the decountry) orporation or other private group previously paid issue fee is attached. ge the required fee(s), any decr(enclose a	ocument has been filed oup entity Government shown above) efficiency, or credit any n extra copy of this form FR 1.27(g)(2).	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNEE Please check the appropr 4a. The following fee(s) Issue Fee Publication Fee (N Advance Order 5. Change in Entity Sta 1 a. Applicant claim NOTE: The Issue Fee an interest as shown by the	IND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE riate assignee category of are submitted: No small entity discount p # of Copies tus (from status indicate as SMALL ENTITY statu d Publication Fee (if req records of the United Sta	categories (will not be premitted) d above) us. See 37 CFR 1.27. uired) will not be accepte tes Patent and Trademark	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent): b. Payment of Fee(s): (Ple A check is enclosed. Payment by credit can be overpayment, to Dep b. Applicant is no load from anyone other than a coffice.	e printed. (ype) patent. If an assign assignment. Y and STATE OR C Individual Cc case first reapply and ard. Form PTO-2038 by authorized to char osit Account Number Inger claiming SMAI the applicant; a regineration.	ee is identified below, the decountry) orporation or other private group previously paid issue fee is attached. ge the required fee(s), any decrement of the control of t	ocument has been filed oup entity Government shown above) efficiency, or credit any n extra copy of this form FR 1.27(g)(2).	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATE Please check the appropr 4a. The following fee(s) State Fee Publication Fee (Name of the content o	in DRESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Comp GNEE riate assignee category or are submitted: No small entity discount p # of Copies tus (from status indicate as SMALL ENTITY statu d Publication Fee (if req records of the United Sta	categories (will not be propermitted) d above) as. See 37 CFR 1.27. uired) will not be accepte tes Patent and Trademark	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent): b. Payment of Fee(s): (Ple A check is enclosed. Payment by credit can be overpayment, to Dep b. Applicant is no located from anyone other than a coffice.	patent. If an assign assignment. If an assignment. Y and STATE OR Compared in the state of the s	ee is identified below, the decountry) orporation or other private group previously paid issue fee is attached. ge the required fee(s), any decountry feel (enclose a feel control or the feel control or th	ocument has been filed oup entity Governm shown above) efficiency, or credit any n extra copy of this form FR 1.27(g)(2). The assignee or other party	
Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSIGNATE Please check the appropr 4a. The following fee(s) State Fee Publication Fee (Name of the content o	in the same assignee is identified in 37 CFR 3.11. Composed in the interval in	categories (will not be propermitted) d above) as. See 37 CFR 1.27. uired) will not be accepte tes Patent and Trademark	THE PATENT (print or to data will appear on the IT a substitute for filing at (B) RESIDENCE: (CIT rinted on the patent): b. Payment of Fee(s): (Ple A check is enclosed. Payment by credit can be overpayment, to Dep b. Applicant is no located from anyone other than a coffice.	patent. If an assign assignment. If an assignment. Y and STATE OR Compared in the state of the s	ee is identified below, the decountry) orporation or other private group previously paid issue fee is attached. ge the required fee(s), any deer (enclose a conclusion) LL ENTITY status. See 37 Concepts attached attorney or agent; or the conclusion of the conclu	ocument has been filed bup entity Government shown above) efficiency, or credit any n extra copy of this form FR 1.27(g)(2). The assignee or other part	